

JAN 8 1941

Registration District No. 784Primary Registration District No. 200Registrar's No. 2351

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Overland
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution 9025 St. Louis Ave.,
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community _____ years, months or days) 2

3. (a) PRINT FULLNAME B ridget Keady

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Edward Keady 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 25, 1864.
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 7 16 hr. min.

9. Birthplace Ireland
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name James Gouley

13. Birthplace Ireland
 (City, town, or county) (State or foreign country)

14. Maiden name Don't Know

15. Birthplace Ireland
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Della Noonan

(b) Address 9025 St. Louis Ave.,

17. (a) Burial (b) Date thereof Dec. 14/40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Florissant, Mo.

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiament Ave.,

19. (a) DEC 13 1940 (b) RR Meyer
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
 (c) City or town Overland
 (If outside city or town limits, write "RURAL")
 (d) Street No. 9025 St. Louis Ave.,
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11
 year 1940 hour 1.00 minute P.M. M.

21. I hereby certify that I attended the deceased from Dec 4th
1940, to Dec 11th, 1940,
 that I last saw him alive on Dec 11th
 and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic Myocarditis
Acute Pulmonary Hemorrhage
 Due to chronic bronchial asthma
 Due to 93C

Other conditions
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature Arnold H. Warger M.D. (M. D. or other) _____
 Address 2900 2nd St. Rd Date signed 11/13/40

Dr. A.H. Wurzer,
8900 St. Charles Road
10-12 A.M.-4-530 P.M.-7-8 P.M.
Wabash 1548.
St. John Station, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed _____

Licensed Embalmer No. 3225

P.O. Address 1125 Hodiamont Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.